


HOMEOWNERS DECLARATION

| | | | | |
|--|----------------------|--|--|-------------------------|
|  | POLICY NUMBER | | POLICY PERIOD | |
| | CLA 6245744 14 85 | | From 10/12/2021 12:01 A.M. Standard Time at the described location | To 10/12/2022 |
| P.O. BOX 44221 JACKSONVILLE, FL 32231-4221 | | | 1-877-560-5224 (FOR ALL INQUIRES) | |
| RENEWAL DECLARATION | | Effective: | 10/12/2021 | Date Issued: 08/23/2021 |
| INSURED: | | AGENT: | | |
| JAVIER A HERNANDEZ 19642 MACKINAW ISLE CT CYPRESS TX 77429-4347 | | EAGLE AMERICAN INS AGENCY LLC 12225 WESTHEIMER RD STE E HOUSTON TX 77077 | | |
| Telephone: [REDACTED] | | Telephone: 281-495-8540 | | |
| The residence premises covered by this policy is located at the above insured address unless otherwise stated below: | | | | |
| 19642 MACKINAW ISLE CT | | CYPRESS TX 77429-4347 | | |

IF PAYMENT IS NOT RECEIVED ON OR BEFORE THE POLICY RENEWAL EFFECTIVE DATE,
THIS POLICY WILL NOT BE IN FORCE.

Coverage is provided where premium and limit of liability is shown.

Flood coverage is not provided by Cypress Property & Casualty Insurance Company
and is not a part of this policy.

SECTION I COVERAGE**LIMIT OF LIABILITY****PREMIUMS**

| | | |
|--------------------------------|---------------|---------------|
| A. DWELLING | \$ 151,000.00 | \$ [REDACTED] |
| OTHER STRUCTURES | \$ 15,100.00 | |
| B. PERSONAL PROPERTY | \$ 60,400.00 | |
| PERSONAL PROPERTY OFF PREMISES | \$ 6,040.00 | |
| LOSS OF USE | \$ 30,200.00 | |

SECTION II COVERAGE

| | | |
|-----------------------|--------------|------------|
| C. PERSONAL LIABILITY | \$ 25,000.00 | [REDACTED] |
| D. MEDICAL PAYMENTS | \$ 500.00 | [REDACTED] |


OPTIONAL COVERAGES

| | | |
|--|-------------|------------|
| LTD FUNGI, OTHER MICROBES OR ROT REMEDIATION | \$ 5,000.00 | [REDACTED] |
|--|-------------|------------|

| | | |
|--|-------------|---------------|
| ADD'L EXTENDED COVERAGE REPLCMNT COST ON DWL COVG WATER BKUP/FNDATION COV(HOA) ADD'L WINDSTORM COVERAGE FIRE ALARM CREDIT REPLCMNT COST ON CNT COVG | \$ 7,550.00 | \$ [REDACTED] |
|--|-------------|---------------|

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES AND ALL SURCHARGES: \$ [REDACTED]

PLEASE CONTACT YOUR AGENT IF THERE ARE ANY QUESTIONS PERTAINING TO YOUR POLICY.

| | | |
|---|--|--|
| FORMS AND ENDORSEMENTS | | COUNTERSIGNED DATE 08/23/2021  BY |
| *CPCTXHOCDE(11/20) *CTIC 108 (01/18) *CTICHO412A(05/19) CTL RNWL (07/15) Continued on Forms Schedule | *CPCTXHO130(11/20) CTIC 415A (02/17) CTL HO 405(02/13) *CTL-150 (06/20) | |
| ADDITIONAL INTERESTS | | |
| MORTGAGEE 0132084556 BANK OF AMERICA, N.A. ITS SUCCESSORS AND/OR ASSIGNS ATIM P.O. BOX 961291 Fort Worth TX 76161-0291 | | |

HOMEOWNERS DECLARATION

| | | | | |
|--|----------------------|--|--|-------------------------|
|  | POLICY NUMBER | | POLICY PERIOD | |
| | CLA 6245744 14 85 | | From 10/12/2021 12:01 A.M. Standard Time at the described location | To 10/12/2022 |
| P.O. BOX 44221 JACKSONVILLE, FL 32231-4221 | | | 1-877-560-5224 (FOR ALL INQUIRES) | |
| RENEWAL DECLARATION | | Effective: | 10/12/2021 | Date Issued: 08/23/2021 |
| INSURED: | | AGENT: | | 5001521 |
| JAVIER A HERNANDEZ 19642 MACKINAW ISLE CT CYPRESS TX 77429-4347 | | EAGLE AMERICAN INS AGENCY LLC 12225 WESTHEIMER RD STE E HOUSTON TX 77077 | | |
| Telephone: [REDACTED] | | Telephone: 281-495-8540 | | |
| The residence premises covered by this policy is located at the above insured address unless otherwise stated below: | | | | |
| 19642 MACKINAW ISLE CT | | CYPRESS TX 77429-4347 | | |

| | | | | |
|--|----|----------|----------|------------|
| Deductible Clause #1a - Named Storm: | \$ | 4,530.00 | Premium: | [REDACTED] |
| Deductible Clause #1b - Wind & Hail: | \$ | 3,020.00 | | |
| Deductible Clause #2 - All Other Perils: | \$ | 1,510.00 | | |
| Deductible Clause #3 - All Perils: | | N/A | | N/A |

SECTION I, SECTION II AND OPTIONAL PREMIUMS \$ [REDACTED]

MGA POLICY FEE \$ [REDACTED]

Fair Plan Assessment 2018

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES AND ALL SURCHARGES \$ [REDACTED]

| | | | | | |
|---------------------|------|----------------------|------|------------------|-------|
| FORM TYPE | HO-A | YEAR BUILT | 2006 | CONSTRUCT TYPE | V |
| CONSTRUCT SUPERIOR | N | NUMBER OF FAMILIES | 1 | TERRITORY | 01A |
| PROTECTION CLASS | 03 | HOME UPDATED | N | PLACE CODE | 20109 |
| COUNTY CODE | 01 | PROT DEVICE/BURGLAR | N | PROT DEVICE/FIRE | B |
| PROT DEV/SPRINKLER | N | REPLACEMENT COST | Y | OCCUPANCY CODE | OWNER |
| USE CODE | P | IMP RESIST ROOF DISC | O | ROOF CERTIFICATE | N |
| WIND/HAIL EXCLUSION | N | PROTECTED SUBDIV | N | | |